



## BENEFICIARY DESIGNATION FOR A REEMPLOYED RETIREE

Name of reemployed retiree \_\_\_\_\_

Retiree's Social Security number or  
STRS Ohio account number \_\_\_\_\_

### *Instructions*

1. Give the complete names of all beneficiaries. They need not be related to you. Your estate may be designated as your beneficiary by listing "MY ESTATE" in one of the beneficiary boxes on the back of this form.
2. If you designate a trust as your beneficiary, you must include the name of the trust and the date it was created (e.g., the John Smith living trust dated Jan. 1, 2007). A trust must be an inter vivos, or living trust. We cannot accept a testamentary trust as a designated beneficiary.
3. If the primary and secondary beneficiaries predecease you, payment will be made in accordance with the statutory succession of beneficiaries as defined in Section 3307.562 of the Revised Code.
4. The use of correction fluid will invalidate this designation and the form will not be deemed as filed with STRS Ohio. Only minor corrections that are initialed by the signee and do not interfere with the clear identification of the beneficiary will be accepted. Statutory succession of beneficiaries or a previous valid beneficiary designation will apply until a new, valid designation is received by STRS Ohio. If a new blank form is needed, please call STRS Ohio toll-free at 1-888-227-7877 or you can download and print the form from our website. Go to [www.strsoh.org](http://www.strsoh.org) and click on "Forms," "Additional Forms," then "Beneficiary Designation — For a Reemployed Retiree."
5. This designation will apply for all periods of reemployment, unless it is updated. For example, if you withdraw your reemployed contributions and then return to public teaching, this designation will remain valid for your subsequent contributions unless a new form is submitted and accepted by STRS Ohio.
6. Your designation must be completed entirely **in ink** or **typed**. Your signature must be **in ink**. **Do not print your signature.**
7. **This designation applies to your STRS Ohio reemployed retiree account before applying for payment and to your reemployed retiree monthly annuity benefit, if chosen at the time application for payment is made. It does not change your designated beneficiary under your service retirement plan of payment.**
8. **This form must be signed only by the reemployed retiree or guardian of the reemployed retiree's estate. A power of attorney signature is not acceptable.**

(continued)

## Designation

State Teachers Retirement System of Ohio:

I designate the beneficiaries named below to receive a refund of any amounts payable resulting from my employment as a reemployed retiree under Sections 3307.35, 3307.351 or 3307.352 of the Revised Code.

I reserve the right to change my beneficiaries for this refund at any time by filing a revised designation with the State Teachers Retirement Board.

**Primary Beneficiary** — *Use complete names and not initials; use first name of married women.*

	Primary Beneficiary: Person 1	and	Person 2	and	Person 3
<b>Name</b>					
<b>Relationship</b>					
<b>Street address</b>					
<b>City</b>					
<b>State and ZIP</b>					
<b>Phone number</b>					

**Secondary Beneficiary** — *Use complete names and not initials; use first name of married women.*

	Secondary Beneficiary: Person 1	and	Person 2	and	Person 3
<b>Name</b>					
<b>Relationship</b>					
<b>Street address</b>					
<b>City</b>					
<b>State and ZIP</b>					
<b>Phone number</b>					

To name more than three primary or three secondary beneficiaries, list three primary and/or secondary beneficiaries above and attach a separate sheet of paper listing the additional names and connect all the names with the word “**and**” between each name. If you are attaching a sheet naming additional beneficiaries, check the box below.

Additional  **primary**  **secondary** beneficiaries being sent.

**This form must be signed only by the reemployed retiree or guardian of the reemployed retiree’s estate. A power of attorney signature is not acceptable. Provide a copy of the guardian papers if they are not already on file with STRS Ohio.**

Reemployed retiree’s or guardian’s signature \_\_\_\_\_ Date \_\_\_\_\_  
Must be in ink — do not print.

Retiree’s Social Security number or STRS Ohio account number \_\_\_\_\_

*Please copy for your records and return original to STRS Ohio.*